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(Requestor's Name)					
(Address)					
(1821223)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: American Lab, LLC (Name of	Limited Liability C	ompany)	
The enclosed member, managing membe filing.	r or manager res	ignation and fee(s) are su	bmitted for
Please return all correspondence concern	ing this matter to):	
Craig T. Cuden		_	
(Contact Person)	***	_	
(Firm/Company)		_	
10172 Heronwood Lane			
(Address)		_	
West Palm Beach, Florida 334	12		26H
(City/State and Zip Code)		_	<u>*</u> # 8
For further information concerning this m	-		2011 OCT 31 PM 124 14 SECRETARY OF STATE ALLAHASSEE, FLURIDA
Craig T. Cuden	at (_561	775-7014 e & Daytime Telephone Nu	OF ST
(Name of Contact Person)	(Area Code	e & Daytime Telephone Nu	mber E
Enclosed please find a check made payabl \$25 Filing Fee	e to the Florida I		
STREET/COURIER ADDRESS:		MAILING ADDRESS	!
Registration Section		Registration Section	
Division of Corporations		Division of Corporation	S
Clifton Building		P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company as nerican Lab, LLC	it appears on the records of	the Florida Department
2. This limited lial Florida	oility company was organized	under the laws of:	
3. The Florida doc L1100011	ument/registration number of 2078	this limited liability compar	ny is:
4. I, Frank P. Mehok, Jr. (Print Name of Person Resigning)		, hereby resign as a Me	ember and Managing Member (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company h	
Signature of Res	gning Member, Managing M	ember or Manager	;
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ZOLLOCT 31 PMI SECRETARY OF ST ALLAHASSEE FILE

CR2E079 (5/06)